

Blue Cross Medicare Supplement Comparison Guide

Covered service	Plan option	Plan A ¹	
	Medicare pays	Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ²			
Deductible	\$0	\$0	\$1,676
First 60 days of care	100%	\$0	\$0
Days 61 to 90	All but the \$419 daily copay	\$419 daily copay	\$0
Days 91 to 150 (lifetime reserve days)	All but the \$838 daily copay	\$838 daily copay	\$0
Day 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	100% of Medicare-eligible expenses	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Skilled nursing facility care — You must meet Medicare's requirements, including having been in a hospital for at least three days			
First 20 days of care	100%	\$0	\$0
Days 21 to 100	All but \$209.50 daily skilled nursing facility copay	\$0	\$209.50 daily copay
Hospice care	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0
Emergency care outside the U.S.	No benefits for care outside U.S.	No benefits for care outside U.S.	All costs for services ²
Medicare Part B physician and outpatient services — In- or out-of-hospital and outpatient hospital physician's services (such as tests), and durable medical equipment, per calendar year			
Deductible (annual)³	\$0	\$0	\$257
Coinsurance	80% of the approved amount after \$257 deductible is met	20% coinsurance after the \$257 deductible is met	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Clinical laboratory services — tests for diagnostic services	All charges	\$0	\$0
Home health care services — Medicare-approved services			
Medically necessary skilled care services and medical supplies	All charges	\$0	\$0
Durable medical equipment	80% of the approved amount after the \$257 deductible is met	20% coinsurance after the \$257 deductible is met	\$0
Excess charges	\$0	\$0	All costs

¹See Important Information about Plans A, C and D on Pages 2 and 3.

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2025 CMS-approved values and could change for 2026.

Plan C ¹		Plan D ¹	
Plan pays	You pay	Plan pays	You pay
\$1,676	\$0	\$1,676	\$0
\$0	\$0	\$0	\$0
\$419 daily copay	\$0	\$419 daily copay	\$0
\$838 daily copay	\$0	\$838 daily copay	\$0
100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Your first three pints	\$0	Your first three pints	\$0

\$0	\$0	\$0	\$0
\$209.50 daily copay	\$0	\$209.50 daily copay	\$0

Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0
80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance

\$257	\$0	\$0	\$257
20% coinsurance after the \$257 deductible is met	\$0	20% coinsurance after the \$257 deductible is met	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0	\$0	\$0	\$0

\$0	\$0	\$0	\$0
20% coinsurance after the \$257 deductible is met	\$0	20% coinsurance after the \$257 deductible is met	\$0
\$0	All costs	\$0	All costs

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

Blue Cross Medicare Supplement Comparison Guide (Continued)

Covered service	Plan option	Plans F and HD-F ¹	
	Medicare pays	Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ²			
Deductible	\$0	\$1,676	\$0
First 60 days of care	100%	\$0	\$0
Days 61 to 90	All but the \$419 daily copay	\$419 daily copay	\$0
Days 91 to 150 (lifetime reserve days)	All but the \$838 daily copay	\$838 daily copay	\$0
Day 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	100% of Medicare-eligible expenses	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Skilled nursing facility care — You must meet Medicare's requirements, including having been in a hospital for at least three days			
First 20 days of care	100%	\$0	\$0
Days 21 to 100	All but \$209.50 daily skilled nursing facility copay	\$209.50 daily copay	\$0
Hospice care	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0
Emergency care outside the U.S.	No benefits for care outside U.S.	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-hospital and outpatient hospital physician's services (such as tests), and durable medical equipment, per calendar year			
Deductible (annual)³	\$0	\$257	\$0
Coinsurance	80% of the approved amount after \$257 deductible is met	20% coinsurance after the \$257 deductible is met	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Clinical laboratory services — tests for diagnostic services	All charges	\$0	\$0
Home health care services — Medicare-approved services			
Medically necessary skilled care services and medical supplies	All charges	\$0	\$0
Durable medical equipment	80% of the approved amount after the \$257 deductible is met	20% coinsurance after the \$257 deductible is met	\$0
Excess charges	\$0	All remaining charges	\$0

¹See Pages 2 and 3 for information about Plans HD-F and HD-G.

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

Plans G and HD-G ¹		Plan N	
Plan pays	You pay	Plan pays	You pay
\$1,676	\$0	\$1,676	\$0
\$0	\$0	\$0	\$0
\$419 daily copay	\$0	\$419 daily copay	\$0
\$838 daily copay	\$0	\$838 daily copay	\$0
100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Your first three pints	\$0	Your first three pints	\$0

\$0	\$0	\$0	\$0
\$209.50 daily copay	\$0	\$209.50 daily copay	\$0

Medicare copay/ coinsurance	\$0	Medicare copay/ coinsurance	\$0
80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance

\$0	\$257	\$0	\$257
20% coinsurance after the \$257 deductible is met	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$257 deductible is met	Up to \$20 per office visit and up to \$50 per emergency room visit
Your first three pints	\$0	Your first three pints	\$0
\$0	\$0	\$0	\$0

\$0	\$0	\$0	\$0
20% coinsurance after the \$257 deductible is met	\$0	20% coinsurance after the \$257 deductible is met	\$0
All remaining charges	\$0	\$0	All remaining charges

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.